



10281 U.S. PTO

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PTO/SB/50 (05-03)

Approved for use through 01/31/2004. OMB 0651-0033

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17513 U.S. PTO  
10/691434

102303

## REISSUE PATENT APPLICATION TRANSMITTAL

Address to: MS Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	251002008830
	First Named Inventor	Osamu MIYAGAWA
	Original Patent Number	6,306,358
	Original Patent Issue Date (Month/Day/Year)	October 23, 2001
Express Mail Label No.		

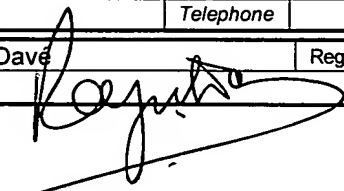
APPLICATION FOR REISSUE OF: ☒ Utility Patent ☐ Design Patent ☐ Plant Patent  
(check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	10. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribbioned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)
3. <input type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
5. <input type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 CFR § 1.175)(PTO/SB/51 or 52)	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
6. <input type="checkbox"/> Power of Attorney	15. <input checked="" type="checkbox"/> Preliminary Amendment
7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	17. Other: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<input type="checkbox"/> 37 CFR 3.73(b) Statement (PTO/SB/96)	
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)	
a. <input type="checkbox"/> Computer Readable Form (CFR)	
b. Specification Sequence Listing on:	
i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or	ii. <input type="checkbox"/> paper
c. <input type="checkbox"/> Statements verifying identity of above copies	

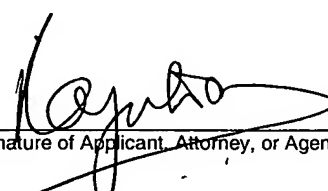
18. CORRESPONDENCE ADDRESS

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Country		Telephone		Fax	

Name (Print/Type)	Raj S. Dave	Registration No. (Attorney/Agent)	42,465
Signature		Date	October 23, 2003

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<b>REISSUE APPLICATION FEE TRANSMITTAL FORM</b>						Docket Number (Optional) <b>251002008830</b>		
<b>Claims as Filed – Part 1</b>								
Claims in Patent	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity			
			Rate	Fee		Rate	Fee	
(A) Total Claims (37 CFR 1.16(j))	(B)	****	= x \$	=	or	x \$	=	
(C) Independent claims (37 CFR 1.16(i))	(D)	*	= x \$	=		x \$	=	
Basic Fee (37 CFR 1.16(h))			\$				\$	
Total Filing Fee			\$	0.00		OR	\$	
<b>Claims as Amended – Part 2</b>								
	(1) Claims Remaining After Amendment		(2) Highest No. Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 16	MINUS	**	* =	x \$	=	x \$	=
Independent claims 37 CFR 1.16(i))	*** 3	MINUS	*****	=	x \$	=	x \$	=
Total Additional Fee					\$	0.00	OR	\$
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <b>03-1952</b> in the amount of \$ <b>770.00</b>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing/additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
<p style="text-align: center;"><b>October 23, 2003</b></p> <p style="text-align: center;">Date</p>					<p style="text-align: center;"></p> <p style="text-align: center;">Signature of Applicant, Attorney, or Agent of Record</p>			
<p style="text-align: center;"><b>42,465</b></p> <p style="text-align: center;">Registration Number, if applicable</p>					<p style="text-align: center;"><b>Raj S. Davé</b></p> <p style="text-align: center;">Typed or printed name</p>			